ATTACHMENT II - SUMMARY OF FAMIS COVERED SERVICES

No cost sharing will be charged to American Indians and Alaska Natives

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Inpatient Hospital Services	Yes	$15 per confinement	$25 per confinement	The MCO is required to cover inpatient stays in general acute care and rehabilitation hospitals for all enrollees up to 365 days per confinement in a semi-private room or intensive care unit for the care of illness, injury, or pregnancy (includes medically necessary ancillary services). The Contractor shall cover alternative treatment plan for a patient who would otherwise require more expensive services, including, but not limited to, long-term inpatient care. The Contractor must approve in advance the alternative treatment plan.
Outpatient Hospital Services	Yes	$2 per visit (waived if admitted)	$5 per visit (waived if admitted)	The MCO shall cover outpatient hospital services which are preventive, diagnostic, therapeutic, rehabilitative or palliative in nature that are furnished to outpatients, and are furnished by an institution that is licensed or formally approved as a hospital by an officially designated authority for State standard-setting. Observation bed services shall be covered when they are reasonable and necessary to evaluate a medical condition to determine appropriate level of treatment or non-routine observation for underlying medical complications. Outpatient services include emergency services, surgical services, diagnostic, and professional provider services. Facility charges are also covered.
Chiropractic Services	Yes	$2 (limited to $500 per calendar year)	$5 (limited to $500 per calendar year)	The MCO shall provide coverage of medically necessary spinal manipulation and outpatient chiropractic services rendered for the treatment of an illness or injury.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150% >150%		Notes and Day Limitations
Clinic Services Outpatient physician visit in the office or hospital • Primary care • Specialty care • Maternity services	Yes	$2	$5	The MCO shall cover clinic services that are defined as preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are provided to outpatients and are provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. With the exception of nurse-midwife services, clinic services are furnished under the direction of a physician or a dentist. Renal dialysis clinic visits are also covered.
Court Ordered Services	No			The MCO is not required to cover this service unless the services is both medically necessary and is a FAMIS covered service.
Dental Services	No except in certain circumstances			The Contractor is required to cover CPT codes billed by an MD as a result of an accident. The Contractor is required to cover CPT and other "non-CDT" procedure codes billed for medically necessary procedures of the mouth for adults and children. The Contractor is required to cover medically necessary anesthesia and hospitalization services for certain individuals when determined such services are required to provide dental care.
Early, Periodic Screening, Diagnosis and Treatment (EPSDT)	No			The MCO is not required to cover this service.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Early Intervention Services	Yes	$2 per visit (limited to $5,000 per member per calendar year)	$5 per visit (limited to $5,000 per member per calendar year)	The MCO shall cover medically necessary FAMIS covered services for children from birth to age three who are determined eligible for Part C services of the Individuals with Disabilities Education Act by the Department of Mental Health, Mental Retardation and Substance Abuse Services or applicable Early Intervention Intragency Council. Services are covered up to $5,000 per enrollee per calendar year. All services shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency, and duration of the services shall be reasonable. The MCO or its designated subcontractor may require prior authorization of services for the purposes of determining medical necessity of therapies and services.
Emergency Services using Prudent Layperson Standards for Access	Yes			The MCO shall provide for the reasonable reimbursement of services needed to ascertain whether an emergency exists in instances in which the clinical circumstances that existed at the time of the beneficiary's presentation to the emergency room indicate that an emergency may exist. The MCO shall ensure that all covered emergency services are available twenty-four (24) hours a day and seven (7) days a week.
Hospital emergency room		$2 per visit	$5 per visit	
Physician care		$2 per visit (waived if part of ER visit for true emergency)	$5 per visit (waived if part of ER visit for true emergency)	The MCO shall cover all emergency services provided by out-of-network providers. The MCO may not require prior authorization for emergency services. This applies to out-of-network as well as to in-network services that an enrollee seeks in an emergency.
Non-emergency use of the Emergency Room		$10 per visit	$25 per visit	Enrollees who present to the emergency room shall pay the emergency room co-payment. If it is determined that the visit was a non-emergency, the hospital may bill the enrollee only for the difference between the emergency room and non-emergency co-payments, i.e. $8.00 for <150% and $20.00 for >150%. The hospital may not bill for additional charges.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150% >150%		Notes and Day Limitations
Post Stabilization Care Following Emergency Services	Yes			The MCO must cover post-stabilization services subsequent to an emergency that a treating physician views as medically necessary AFTER an emergency medical condition has been stabilized. The MCO must cover the following services without requiring authorization, and regardless of whether the enrollee obtains the services within or outside the MCO's network.
Experimental and Investigational Procedures	No			The MCO is not required to cover this service.
Family Planning Services	Yes	$2 per visit	$5 per visit	The MCO shall cover all family planning services, which includes services and drugs and devices for individuals of childbearing age which delay or prevent pregnancy, but does not include services to treat infertility or to promote fertility. FAMIS covered services include drugs, and devices provided under the supervision of a physician. The MCO may not restrict an enrollee's choice of provider for family planning services or drugs and devices, and the MCO is required to cover all family planning services and supplies provided to its enrollees by network providers. *Code of Virginia* § 54.1-2969 (D), as amended, states that minors are deemed adults for the purpose of consenting to medical services required in case of birth control, pregnancy or family planning, except for purposes of sexual sterilization.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Hearing Aids	Yes	$2 limited to 2 every 5 years and $476 monoaural or $825 binaural	$5 limited to 2 every 5 years and $476 monoaural or $825 binaural	The MCO shall cover hearing aides as outlined under Durable Medical Equipment. Hearing aides shall be covered twice every five years.
Home Health Services	Yes	$2 per visit	$5 per visit	The MCO shall cover home health services, including nursing and personal care services, home health aide services, PT, OT, speech, hearing and inhalation therapy up to 90 visits per calendar year. Personal care means assistance with walking, taking a bath, dressing; giving medicine; teaching self-help skills; and performing a few essential housekeeping tasks. The MCO is not required to cover the following home health services: medical social services, services that would not be paid for by FAMIS if provided to an inpatient of a hospital, community food service delivery arrangements, domestic or housekeeping services which are unrelated to patient care, custodial care which is patient care that primarily requires protective services rather than definitive medical and skilled nursing care services, and services related to cosmetic surgery.
Hospice Services	Yes	$0	$0	The MCO shall cover hospice care services to include a program of home and inpatient care provided directly by or under the direction of a licensed hospice. Hospice care programs include palliative and supportive physician, psychological, psychosocial, and other health services to individuals utilizing a medically directed interdisciplinary team. Hospice care services must be prescribed by a Provider licensed to do so; furnished and billed by a licensed hospice; and medically necessary. Hospice care services are available if the enrollee is diagnosed with a terminal illness with a life expectancy of six months or fewer. DMAS shall reimburse the MCO for claims for this service.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Immunizations	Yes	$0	$0	The MCO is required to cover immunizations. The MCO shall ensure that providers render immunizations, in accordance with the most current Advisory Committee on Immunization Practices (ACIP) or the American Academy of Pediatrics Advisory Committee Recommendations for children under age six (6). The MCO shall allow for an annual flu vaccine without limitations to age and without the requirement of meeting the CDC at risk guidelines. The MCO is required to work with the Department to achieve its goal related to increased immunization rates. The MCO is responsible for educating providers, parents and guardians of enrollees about immunization services, and coordinating information regarding enrollee immunizations. FAMIS eligible enrollees shall not qualify for the Free Vaccines for Children Program.
Inpatient Mental Health Services	Yes	$15 per confinement	$25 per confinement	Inpatient mental health services are covered for up to 30 days per calendar year, including partial day treatment services. Inpatient hospital services may include room, meals, general-nursing services, prescribed drugs, and emergency room services leading directly to admission. The MCO shall not cover any services rendered in free-standing psychiatric hospitals to enrollees up to nineteen (19) years of age. Medically necessary inpatient psychiatric services rendered in a psychiatric unit of a general acute care hospital shall be covered for all FAMIS enrollees within the limits of coverage prescribed in the FAMIS plan and State regulations. All inpatient mental health admission for individuals of any age to general acute care hospitals shall be approved by the MCO using its own prior authorization criteria.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Inpatient Rehabilitation Hospitals	Yes	$15 per confinement	$25 per confinement	The MCO shall cover inpatient rehabilitation services in facilities certified as rehabilitation hospitals and which have been certified by the Department of Health.
Inpatient Substance Abuse Services	Yes	$15 per confinement	$25 per confinement	Inpatient substance abuse services in a substance abuse treatment facility are covered for up to 90 days per enrollee (maximum lifetime benefit).
Laboratory and X-ray Services	Yes	$2 per visit	$5 per visit	The MCO is required to cover all laboratory and x-ray services ordered, prescribed and directed or performed within the scope of the license of a practitioner in appropriate settings, including physician office, hospital, independent and clinical reference labs. No co-pay shall be charged for laboratory or x-ray services that are performed as part of an encounter with a physician.
Lead Testing	Yes	$0	$0	The MCO is required to cover blood lead testing as part of well baby, well childcare.
Mammograms	Yes	$0	$0	MCO is required to cover low-dose screening mammograms for determining presence of occult breast cancer
Medical Supplies Medical Equipment	Yes	$0 for supplies $2 per item for equipment	$0 for supplies $5 per item for equipment	The MCO shall cover durable medical equipment and other medically related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices). Durable medical equipment and prosthetic devices and eyeglasses are covered when medically necessary. The Contractor is responsible for payment of any specially manufactured DME equipment that was prior authorized by the Contractor.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Medical Transportation	Yes	$2	$5	Professional ambulance services when medically necessary are covered when used locally or from a covered facility or provider office. This includes ambulance services for transportation between local hospitals when medically necessary; if prearranged by the Primary Care Physician and authorized by the MCO if, because of the enrollee's medical condition, the enrollee cannot ride safely in a car when going to the provider's office or to the outpatient department of the hospital. Ambulance services will be covered if the enrollee's condition suddenly becomes worse and must go to a local hospital's emergency room. For coverage of ambulance services, the trip to the facility or office must be to the nearest one recognized by the MCO as having services adequate to treat the enrollee's condition; the services received in that facility or provider's office must be covered services; and if the MCO or the Department requests it, the attending provider must explain why the enrollee could not have been transported in a private car or by any other less expensive means.Transportation services are not provided for routine access to and from providers of covered medical services.
Organ Transplantation	Yes	$15 per confinement and $2 per outpatient visit (Services to identify donor limited to $25,000 per member)	$25 per confinement and $5 per outpatient visit (Services to identify donor limited to $25,000 per member)	The MCO shall cover organ transplantation services as medically necessary for all eligible individuals, to include transplants of tissues, autologous, allogeneic or synegenic bone marrow transplants or other forms of stem cell rescue for children with lymphoma and myeloma. The MCO shall cover kidney transplants for patients with dialysis dependent kidney failure, heart, liver, pancreas, and single lung transplants. The MCO is not required to cover transplant procedures determined to be experimental or investigational.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Outpatient Mental Health and Substance Abuse Services	Yes	$2 per visit	$5 per visit	The MCO is responsible for covering outpatient mental health and substance abuse clinic services. Psychiatric and substance abuse services are limited to no more than a combined total of 50 medically necessary visits for treatment with a licensed mental health or substance abuse professional each calendar year. Inpatient and outpatient services may include diagnostic services; mental health services including: detoxification, individual psychotherapy, group psychotherapy psychological testing, counseling with family members to assist in the patient's treatment and electroconvulsive therapy.
Community Mental Health Rehabilitative Services – Community Mental Health and Community Mental Retardation Services **(Effective 08/01/03)**	Yes			The MCO is not required to cover community mental health rehabilitative services. The Department will reimburse these services. The MCO must provide information and referrals as appropriate to assist enrollees in accessing these services. The MCO is required to cover prescription drugs prescribed by the outpatient mental health provider. The MCO is not required to cover transportation to or from these services.
Pap Smears	Yes	$0	$0	The MCO is required to cover annual pap smears
Physical Therapy, Occupational Therapy, Speech Pathology and Audiology Services	Yes	$2 per visit	$5 per visit	The MCO shall cover therapy services that are medically necessary to treat or promote recovery from an illness or injury, to include physical therapy, speech therapy, occupational therapy, inhalation therapy, and intravenous therapy. The MCO shall not be required to cover those services rendered by a school health clinic.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150% >150%		Notes and Day Limitations
Physician Services • Inpatient physician care • Outpatient physician visit in the office or hospital • Primary care • Specialty care • Maternity services	Yes	$0 $2 per visit $2 per visit $2 per visit	$0 $5 per visit $5 per visit $5 per visit	The MCO shall cover all symptomatic visits provided by physicians or physician extenders within the scope of their licenses. Cosmetic services are not covered unless performed for medically necessary physiological reasons. Physician services include services while admitted in the hospital, outpatient hospital departments, in a clinic setting, or in a physician's office.
Pregnancy-Related Services	Yes	$2 per visit	$5 per visit	The MCO shall cover services to pregnant women, including prenatal services. For prenatal services, the co-pay applies to the first visit only.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Prescription Drugs • Retail up to 34-day supply • Retail 35-90-day supply • Mail service up to 90-day supply (If a generic is available, enrollee pays the copayment **plus** 100% of the difference between the allowable charge of the generic drug and the brand drug.)	Yes	$2 per prescription $4 per prescription $4 per prescription	$5 per prescription $10 per prescription $10 per prescription	The MCO shall be responsible for covering all medically necessary drugs for its enrollees that by Federal or State law requires a prescription. The MCO shall cover all FAMIS covered prescription drugs prescribed by providers licensed and/or certified as having authority to prescribe the drug. The MCO is required to cover prescription drugs prescribed by the outpatient mental health provider. The MCO is not required to cover Drug Efficacy Study Implementation (DESI) drugs or over the counter prescriptions. The MCO may establish a formulary, may require prior authorization on certain medications, and may implement a mandatory generic substitution program. However, the MCO shall have in place special authorization procedures to allow providers to access drugs outside of this formulary, if medically necessary. The MCO shall establish policies and procedures to allow providers to request a brand name drug for an enrollee if it is medically necessary. The MCO shall cover atypical antipsychotic medications developed for the treatment of schizophrenia. The MCO shall ensure appropriate access to the most effective means to treat, except where indicated for the safety of the patient. The Contractor shall not cover prescriptions for erectile dysfunction medication for enrollees identified as having been convicted of felony sexual offenses.
Private Duty Nursing Services	Yes	$2 per visit	$5 per visit	The MCO shall cover private duty nursing services only if the services are provided by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN); must be medically necessary; the nurse may not be a relative or member of the enrollee's family; the enrollee's provider must explain why the services are required; and the enrollee's provider must describe the medically skilled service provided. Private duty nursing services must be pre-authorized. DMAS shall reimburse the MCO for claims for this service.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Prosthetics/Orthotics	Yes	$2 per item	$5 per item	The MCO shall cover prosthetic services and devices (at minimum, artificial arms, legs and their necessary supportive attachments) for all enrollees. At a minimum, the MCO shall cover medically necessary orthotics (i.e., braces, splints, ankle, foot orthoses, etc. add items listed in Handbook) for enrollees. The MCO shall cover medically necessary orthotics for enrollees when recommended as part of an approved intensive rehabilitation program.
School Health Services	Yes			The MCO is not required to cover school health services for special education students that include physical therapy, occupational therapy, speech language pathology, and skilled nursing services. The Department will reimburse these services.
Second Opinions	Yes	$2 per visit	$5 per visit	The MCO shall provide coverage for second opinions when requested by the enrollee for the purpose of diagnosing an illness and/or confirming a treatment pattern of care. The MCO must provide for second opinions from a qualified health care professional within the network, or arrange for the enrollee to obtain one outside the network, at no cost to the enrollee. The MCO may require an authorization to receive specialty care for an appropriate provider; however, cannot deny a second opinion request as a non-covered service.
Skilled Nursing Facility Care	Yes	$15 per confinement	$25 per confinement	The MCO shall cover medically necessary services that are provided in a skilled nursing facility for up to 180 days per confinement.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150% >150%		Notes and Day Limitations
Telemedicine Services	Yes			The MCO shall provide coverage for telemedicine services at least to the extent covered by the Department. Telemedicine is defined as the real time or near real time two-way transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment. Currently the Department recognizes only physicians and nurse practitioners for medical telemedicine services and requires one of these types of providers at the main (hub) satellite (spoke) sites for a telemedicine service to be reimbursed. Additionally, the Department currently recognizes three telemedicine projects.
Temporary Detention Orders	No			The MCO is not required to cover this service.
Therapy Services	Yes	$15 per confinement if inpatient $2 per visit outpatient	$25 per confinement if inpatient $5 per visit outpatient	The MCO shall cover the costs of renal dialysis, chemotherapy and radiation therapy, and intravenous and inhalation therapy.
Transportation	No			Transportation services are not provided for routine access to and from providers of covered medical services.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Well Baby and Well Child Care	Yes	$0	$0	The Contractor shall cover routine well baby and well childcare including routine office visits with health assessments and physical exams, as well as routine lab work and age appropriate immunizations. The following services rendered for the routine care of a well child: Laboratory services: blood lead testing, HGB, HCT or FEP (maximum of 2, any combination); Tuberculin test (maximum of 3 covered); Urinalysis (maximum of 2 covered); Pure tone audiogram for age 3-5 (maximum of 1); Machine vision test (maximum of 1 covered). Well child visits rendered at home, office and other outpatient provider locations are covered at birth and months 1, 2, 4, 6, 9, 12, 15, 18 and covered at ages 2, 3, 4, 5, 6, 8, 10, 12, 14, 16, 18. Hearing Services: All newborn infants will be given a hearing screening before discharge from the hospital after birth

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150%	>150%	Notes and Day Limitations
Vision Services Once every 24 • Routine eye exam • Eyeglass frames pair) • Eyeglass lenses pair) • single vision • bifocal • trifocal • contacts	Yes	$2 Member co-payment Reimbursement by Plan: • $25 • $35 • $50 • $88.50 • $100	$5 Member payment Reimburse by Plan: • $25 • $35 • $50 • $88.50 • $100	The MCO shall cover vision services that are defined as diagnostic examination and optometric treatment procedures and services by ophthalmologists, optometrists, and opticians. Routine refractions shall be allowed at least once in twenty-four (24) months. Routine eye examinations, for all enrollees, shall be allowed at least once every two- (2) years. The MCO shall cover eyeglasses (one pair of frames and one pair of lenses) or contact lenses prescribed as medically necessary by a physician skilled in diseases of the eye or by an optometrist for enrollees.
Inpatient Mental Health Services Rendered in a Freestanding Psychiatric Hospital	No			The MCO is not required to cover this service. The MCO shall not cover any services rendered in free-standing psychiatric hospitals to enrollees up to nineteen (19) years of age. Medically necessary inpatient psychiatric services rendered in a psychiatric unit of a general acute care hospital shall be covered for all FAMIS enrollees within the limits of coverage prescribed in the FAMIS plan and State regulations.

Service	FAMIS Covered	Network Cost Sharing & Benefit Limits <150% >150%		Notes and Day Limitations
Abortions	Yes			The MCO shall cover abortions only when necessary to save the life of the mother.
Cost Sharing:				
Annual Co-Payment Limit		Calendar year limit: $180 per family	Calendar year limit: $350 per family	Plan pays 100% of allowable charge once limit is met for covered services. No cost sharing will be charged to American Indians and Alaska Natives.
FAMIS MOMS				Benefits are the same as those available under Medallion II. **No cost sharing will be charged to recipients enrolled in FAMIS MOMS.**

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